



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 19, 2021

Charles Cryderman
Haven Adult Foster Care Limited
73600 Church Road
Armada, MI 48005

RE: License #: AG500066337
Investigation #: 2021A0604011
Ridgeway

Dear Mr. Cryderman:


Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAINS QUOTED PROFANITY**

I. IDENTIFYING INFORMATION

License #:	AG500066337
Investigation #:	2021A0604011
Complaint Receipt Date:	06/14/2021
Investigation Initiation Date:	06/14/2021
Report Due Date:	08/13/2021
Licensee Name:	Haven Adult Foster Care Limited
Licensee Address:	73600 Church Road Armada, MI 48005
Licensee Telephone #:	(586) 784-8890
Administrator:	Charles Cryderman
Licensee Designee:	Charles Cryderman
Name of Facility:	Ridgeway
Facility Address:	72188 Russ Road Richmond, MI 48062
Facility Telephone #:	(586) 727-7650
Original Issuance Date:	05/31/1995
License Status:	REGULAR
Effective Date:	08/15/2020
Expiration Date:	08/14/2022
Capacity:	31
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED AGED

II. ALLEGATION(S)

	Violation Established?
Stacy Conn forced Resident A to take a shower when the septic was backed up.	No
Stacy Conn humiliates residents. She has made comments such as "because you're an alcoholic!" and "pack her shit and get out".	No
Medical care is being provided in the dining room.	No
Tube fed devices and medication cups are reused. Residents are not provided with necessary equipment even though insurance pays.	No
Mail is opened and inspected before given to addressee, providing it passes review.	No
There are gas leaks at facility.	No
Water did not pass analysis. There is bacteria and sand in the water.	No
There are plumbing leaks and sewage backing up into showers.	No
Residents are fed expired church food.	No
The kitchen utensils (trays, silverware, cookware, etc.) are not sanitized.	No
Additional Findings	Yes

III. METHODOLOGY

06/14/2021	Special Investigation Intake 2021A0604011
06/14/2021	APS Referral Referral made to Adult Protective Services (APS)
06/14/2021	Special Investigation Initiated - Telephone TC to APS to make referral
06/16/2021	Contact- Telephone call made TC to Complainant
06/16/2021	Inspection Completed On-site Completed onsite inspection. Interviewed Staff and Residents. APS Worker, Debra Johns present.
07/14/2021	Contact - Document Received Email to and from APS Worker, Debra Johns.

07/14/2021	Contact - Document Received Email from Debra Johns. She will not be substantiating allegations.
08/16/2021	Contact- Document Sent Email to Macomb County Environmental Health
08/16/2021	Contact- Document Sent Email to Cec from Haven Adult Foster Care
08/17/2021	Contact- Document Received Received Michigan Department of Environmental Quality Consumer Confidence Report for Community Water Supply Certificate of Distribution from Macomb County Health Department
08/18/2021	Contact- Document Received Received City of Richmond Water Laboratory Analysis Sheet by email from Cec Ball.
08/18/2021	Exit Conference Completed exit conference by email with Chuck Cryderman

ALLEGATION:

- **Stacy Conn forced Resident A to take a shower when the septic was backed up.**
- **Stacy Conn humiliates residents. She has made comments such as “because you’re an alcoholic!” and “pack her shit and get out”.**
- **Medical care is being provided in the dining room**
- **Tube fed devices and medication cups are reused. Residents are not provided with necessary equipment even though insurance pays.**

INVESTIGATION:

I received a complaint regarding Ridgeway on 06/14/2021. The Complainant alleged that on 11/12/2020, that the Adult Foster Care Licensing Consultant inspected the building for less than ten minutes and passed the facility. Complainant believed that Consultant was obviously friends with Mr. Cryderman, as they walked with their arms around each other during the inspection. On 11/09/2020, Inspector from the Board of Health, Macomb County, took a sample of the well water from the tap. It did not pass analysis due to too much bacteria and sand in the water. The inspection of the building on 11/12/2020, should have failed on this fact alone. There are plumbing leaks (toilets and sinks, causing puddles of drain water on floor). The stove leaks gas, fan must be on or the common areas fill with gas. The gas line in utility room leaks, door must be opened or room fills with gas. The septic system backs up in the showers. The

Complainant alleged that, Stacy Conn forced Resident A to shower in it on 9/4/2020. Residents are fed expired church food and a cheese wrapper was saved showing an expiration date of 8/13/2019; the latter was shown to Janice (a nurse working there then, she checked other food and found the same situation). The medication cups are reused, occasionally wiped with alcohol prep pads. Tube fed devices are reused on different residents; they are washed but not disinfected (even though they are supposed to be disposed of after one use). There are no rails in the halls for residents that have difficulty walking. (NOTE: there is no rule that requires a congregate home to have rails in the hallway). Necessary equipment is not provided, even though insurance will pay for these items. Stacy Conn provides medical care in the dining room, depriving residents of privacy. Stacy Conn humiliates residents in common areas. She has made comments such as "because you're an alcoholic!" and "pack her shit and get out". Mail is opened and inspected before given to the addressee, providing it passes review. Envelopes are withheld if the date stamp incriminates the facility or sender. The kitchen utensils (trays, silverware, cookware, etc.) are not sanitized.

On 06/16/2021, I interviewed the Complainant by phone. She stated that when the facility was inspected, it was done by the time she finished a smoking cigarette. She stated that there is sand and bacteria in the water. There is also sewage backing up in the showers. The septic tank is backing up and has resulted in toilet paper and feces on the floors. There are four bathrooms for 28 residents. The Complainant stated that she saw expired food and has a cheese wrapper showing an expired date. She also saw expired meatballs. She stated that medication cups are reused and supplies for tube feeding were washed out when they should be disposed of. She indicated that one resident has a wheelchair that is too small. She has observed staff giving shots and checking for lice in the dining room. The Complainant stated that staff have opened some residents mail but not everyone's mail. They would not always give envelopes with mail. She stated that some staff wash silverware good, however, others run them through nasty water.

On 06/16/2021, I completed an unannounced onsite investigation at Ridgeway. I interviewed Assistant Manager and Nurse Janene Wacker. Manager and Nurse Practitioner Stacy Conn, Cook Jim Sealy, Licensee Designee Charles Cryderman, Resident A, Resident B and Resident C. Resident D did not want to be interviewed. APS Worker, Debra Johns was also present during part of the onsite investigation.

On 06/16/2021, I interviewed Assistant Manager and Nurse, Janene Wackler. She did not report any incidents of staff mistreating residents or concerns regarding the facility. She stated that medical care is not being done in the dining room. She stated that the only medical related activities done in the dining room would be passing medications or taking a wrist blood pressure.

During the onsite investigation, I observed the medication passing room with Ms. Wackler. I observed small plastic cups with the residents' names written on them in black marker. Ms. Wackler also showed me a box of alcohol prep pads and stated that they are used to clean cups. Ms. Wackler stated that all residents have the equipment

they need. She is not aware of a resident that has a wheelchair that is too small. Ms. Wacker stated that they only had one resident at Ridgeway who was tube fed and the resident passed away while on hospice. Tube feeding devices could not be shared between residents as they only had one resident who used supplies. They do not currently have any residents that require tube feeding.

I interviewed Resident A. She stated that she has not seen sewer or septic back up. She stated no one has forced her to take a shower. She has never seen staff mistreat residents. Resident A did not report any concerns.

I interviewed Resident B. She stated that staff treat residents good and do a good job. She has never seen anyone mistreated or seen anything inappropriate. Resident B stated that she uses a cane and has the equipment she needs. She stated that she has never seen medical treatment being done in the dining room other than maybe someone walking for physical therapy.

I interviewed Resident C. He stated that staff are great. He stated that one staff can be loud, however, staff have never gotten physical with residents or do name calling. He stated that staff do keep resident's privacy and he has never seen medical care being provided in the living room.

I interviewed Nurse Practitioner, Stacy Conn. She stated that she never forced Resident A to take a shower. Ms. Conn stated that a former resident is making false allegations and also made a complaint to the Attorney General. Ms. Conn stated that she never does name calling or humiliates residents. She stated that Resident A is independent. All residents have the assistive devices they needed. Ms. Conn stated that medication cups are reused with names on them or thrown away if used for liquids. She also stated that cups are washed with the dishes. Ms. Conn stated that they do not have any residents that are tube fed. They had one resident who was tube fed, however, he passed away. She stated that the only medical related activities they do in the dining area are blood pressure, temperature check or pulse.

On 07/14/2021, I received an email from APS worker, Debra Johns. Ms. Johns stated that she would not be substantiating allegations.

APPLICABLE RULE	
R 400.2412	Care of residents.
	(4) A resident shall be treated with dignity, and his personal needs, including protection and safety, shall be attended to at all times.
ANALYSIS:	There is not enough information to determine that residents are not being treated with dignity and respect or their personal needs not being met.

	<p>Both Nurse Practitioner, Stacy Conn and Resident A denied that Resident A was forced to take a shower when the septic system backed up. In addition, Ms. Conn, Resident A, Resident B, and Resident C denied that any inappropriate comments are made to residents.</p> <p>There was not enough information to determine that medical care is being provided in the dining room that would violate resident's privacy. The only medical related activities reported to take place in the dining room were medication passes, blood pressure, pulse and temperature checks. According to Resident B, she has seen residents walking for physical therapy. The living room and dining room are one large open area. The medication room is located off the living room therefore, any medication related activities would take place in this area. There is not enough information that medication cups are being reused between residents. Medication cups were observed with resident names written on them.</p> <p>There is not enough information to determine that tube fed devices are being reused. Both Nurse Practitioner, Stacy Conn and Nurse Janene Wackler stated that there are currently no residents at the facility who are tube fed. They had one resident who was tube fed that passed away. Both nurses also reported that residents have the assistive devices they need.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Mail is opened and inspected before given to addressee, providing it passes review.

INVESTIGATION:

On 06/16/2021, I completed an unannounced onsite investigation. I interviewed Assistant Manager and Nurse, Janene Wackler. Ms. Wackler stated that residents can send and receive mail. She stated that when mail comes in, they do open it if the resident is not mentally capable of opening it themselves. She stated that if the resident is capable, they give them mail. It depends on the person.

I interviewed Resident A. She stated that she opens mail herself.

I interviewed Resident B. She stated that she opens mail herself.

I interviewed Resident C. He stated that when he gets cards, he opens them himself.

I interviewed Manager and Nurse Practitioner, Stacy Conn. She stated that they usually open mail before it gets to the resident. They open mail for residents who are not coherent. She stated that they let residents try to open their own cards. Ms. Conn stated that legal documents are opened by staff.

APPLICABLE RULE	
R 400.2418	Resident activities.
	(1) A resident shall have access to the use of the United States mails; he may write and send mail at his own expense without censorship and receive mail addressed to him unopened.
ANALYSIS:	According to Ms. Wackler and Ms. Conn, they open mail for residents that are not capable of doing it themselves. Ms. Conn stated that they also open legal documents. Resident A, Resident B and Resident C all stated they open their own mail.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There are gas leaks at the facility.

INVESTIGATION:

On 06/16/2021, I completed an unannounced onsite investigation. I interviewed Assistant Manager and Nurse, Janene Wackler. She stated that she was not aware of any gas leaks at the facility.

I interviewed Resident A, Resident B and Resident C. None of the residents were aware of any gas leaks at the facility.

I interviewed Manager and Nurse Practitioner, Stacy Conn. She stated there are no gas leaks at facility.

APPLICABLE RULE	
R 400.2431	Home environment.
	(1) A congregate facility shall be so constructed, arranged and maintained as to provide adequately for the health, safety and well-being of occupants.

ANALYSIS:	Manager and Assistant manager, Stacy Conn and Jeanne Wackler did not report any gas leaks at facility. Resident A, Resident B and Resident C were not aware of any gas leaks at facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Water did not pass analysis. There is bacteria and sand in the water.**
- **There are plumbing leaks and sewage backing into showers.**

INVESTIGATION:

On 06/16/2021, I completed an unannounced onsite investigation. I interviewed Assistant Manager and Nurse, Janene Wackler. She stated that sometimes residents use too many wipes and the plumbing backs up. She has seen the septic back up. Someone flushed something down the toilet and a company had to come out with a rotor roter. She believes a bed pad and wipes have been flushed. Ms. Wackler believed this occurred about one month ago. Ms. Wackler stated that Stacy Conn tests the water monthly. They send in water monthly to the State of Michigan for testing. She has heard about sand in the water but not bacteria. Ms. Wackler showed me a water sample collection kit from the Michigan Department of Environmental, Great Lakes, and Energy (EGLE).

I interviewed Resident A. She stated that she has not seen the sewer back up.

I interviewed Resident B. She stated that she has seen septic back up. It happens about one time per month and stuff comes out of toilet. She stated that someone comes out to fix the issue. She stated that all the bathrooms have had backups because people flush too much stuff.

I interviewed Resident C. He stated they had to get a special unit to come out because there was a jam in pipe. He stated that he could not take a shower and all the bathrooms were affected. He stated that people flush diapers and stuff. He stated that toilets had to be repaired.

I interviewed Manager, Stacy Conn. She stated that the facility has two public wells and they have to test the water monthly. They have not had any bad reports. She stated that the well may pull some sand. They have three septic tanks. They had an incident in the middle of winter in which two tanks had to be pumped out. Ms. Conn stated that people flush gloves, pull ups and wipes down toilets and they get clogged on occasion.

I interviewed License Designee, Charles Cryderman. He stated that the issue with the septic system was resolved.

The Bureau Information Tracking System (BITS) indicates that an environmental health inspection was completed on 04/30/2018 and the facility received an "A rating. On 08/18/2021, I received a copy of the City of Richmond Water Laboratory Analysis Sheet from Cec Ball at Haven Adult Foster Care. Water samples were taken at Ridgeway on 07/28/2021 and no chlorine or bacteria including Coliform and E.Coli were present.

APPLICABLE RULE	
R 400.2448	Water and sanitation.
	(1) Private water systems shall meet the department of public health rules, "Regulations for Certain Water Supplies in Michigan" available from the Department of Public Health, 3500 North Logan, Lansing, 48915. A bacteriological report confirming water quality shall be required during initial inspection and every 2 years thereafter. Group homes using a community approved water system need not comply with this requirement.
ANALYSIS:	There is not enough information at this time, to determine that water does not meet requirements. The facility reported that they are sending monthly water samples to EGLE and there have been no problems. Water samples were taken at Ridgeway on 07/28/2021 and no chlorine or bacteria including Coliform and E. Coli were present.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.2448	Water and sanitation.
	(2) Sewage disposal systems shall meet the requirements of the state department of public health.

ANALYSIS:	There is not enough information to determine that the sewage disposal systems do not meet requirements. Staff and residents indicated that backups are caused by people flushing things such as wipes, pullups, and gloves down toilets. A company was hired to correct the problem. I did not observe a sewage issue during the onsite investigation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Residents are fed expired church food.**
- **The kitchen utensils (trays, silverware, cookware, etc.) are not sanitized.**

INVESTIGATION:

During the onsite inspection, I completed a walkthrough of the kitchen and the food storage area with staff Janene Wackler and cook, Jim Seely. I also observed food in refrigerators, freezers, and dry goods. I did not observe any expired food in the kitchen. I observed containers in the refrigerator with expired dates, however, they were being used to store leftovers. Both Ms. Wackler and Mr. Seely stated that they have not seen any expired food at the facility. Mr. Seely stated that food is delivered, purchased at the store and they also receive farmer to family produce. Ms. Wacker stated that Mr. Cryderman’s wife also delivers food to the facility. Mr. Seely stated that the kitchen does not have a commercial dishwasher. I observed metal sinks in the kitchen. Mr. Seely stated that staff clean dishes and silverware with dish soap and sanitize with bleach water. I observed a rack of clean dishes in the kitchen. Ms. Wacker stated that food is not served with dirty plates and silverware. No residents have brought concerns to her.

I interviewed Resident B. She stated that the food is good at facility. She has not heard of any expired food at facility. The plates and silverware are always clean.

I interviewed Resident C. He stated that food is OK but could be better. He has never had any bad tasting or expired food. He has never seen any dirty food trays.

I interviewed Stacy Conn. She stated that they do not receive food donations. They do get food from Farmer to Family. There do not have expired food and would not allow it.

APPLICABLE RULE	
R 400.2472	Food service.
	(2) All foods while being stored, prepared or served shall be protected against contamination and be safe for human consumption.
ANALYSIS:	There is not enough information to determine that residents are being served expired church food. On 06/16/2021, I completed an unannounced onsite investigation and did not observe any expired food. Staff and residents interviewed did not report any expired food.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.2473	Equipment.
	A congregate facility shall be equipped properly to prepare and serve adequate meals.
ANALYSIS:	There is not enough information to determine that kitchen utensils are not being sanitized. I completed an unannounced onsite investigation and did not observe any dirty dishes or silverware. I observed a clean rack of dishes. Cook, Jim Seely, stated that staff clean dishes and silverware with dish soap and sanitize with bleach water.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 06/16/2021, I completed an unannounced onsite investigation. During the onsite investigation, I completed walkthroughs of the facility with both Janene Wacker and Licensee Designee, Charles Cryderman. I observed the following items needing cleaning, maintenance and/or repair:

- Bathroom #1 had lifted flooring from possible water damage. The tub had rust stains and the vent fan was filled with dust. I observed feces covered paper towel in tub.
- Bathroom #2 had lifted flooring from possible water damage. The tub had rust stains and the vent fan was filled with dust.

- Bathroom #4 had the vent fan falling from ceiling.
- Bathroom doors had scratched and peeling paint.
- Bedroom hallway had heating registers that were bent.
- Bedroom #1 had scratched walls and dirty floor.
- Bedroom #2 had a closet door that needed repair.
- Bedroom #4 had heating register that was bent and falling off and stained ceiling tiles
- Bedroom #5 had ceiling tiles that were falling. There appeared to be blood stains on one bed's linen. Bedroom had a missing light cover.
- Bedroom #9 had cobwebs in room
- Living room and dining area had cobwebs on ceiling.
- Missing trim on entry to dining area.

I interviewed Licensee Designee, Charles Cryderman and showed him items that needed repair during walkthrough. Mr. Cryderman stated that the pandemic has been very difficult for the facility, and they have been extremely short on staff. On 06/16/2021, I also informed him that I would complete a report with items detailed and request a corrective action plan.

I completed an exit conference by email with Charles Cryderman by email on 08/18/2021. I informed him of the violations found and that a corrective action plan would be requested. I also informed him that a copy of the special investigation report would be mailed once approved.

APPLICABLE RULE	
R 400.2431	Home environment.
	(11) Floors, walls and ceilings shall be finished so as to be easily cleanable, and shall be kept clean and in good repair.
ANALYSIS:	Bathroom #1 and Bathroom #2 had lifted flooring from possible water damage.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.2448	Water and sanitation.
	(3) Kitchen and bathroom areas shall be maintained to insure cleanliness and sanitation so as to protect health.

ANALYSIS:	Bathroom #1 and Bathroom #2 tubs had rust stains and vent fans filled with dust. Bathroom #4 had the vent fan falling from ceiling. Bathroom doors had scratched and peeling paint.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.2431	Home environment.
	(2) Furnishings and housekeeping standards shall be such that a congregate facility presents a comfortable, clean and orderly appearance.
ANALYSIS:	During the onsite investigation, I observed cobwebs and vent fans filled with dust that needed cleaning. I also observed paper towel covered in feces in the bathroom. I observed heating registers that were bent, falling ceiling tiles, missing light cover, scratched bedrooms walls and closet door that needed repair. There was missing trim on entry to the dining area.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.343	Bedding and linen.
	Bedding and linen. (2) A congregate facility shall provide bedding which includes 2 sheets, a pillow case, a minimum of 1 blanket and a bedspread. A congregate facility shall maintain a linen supply for twice the number of beds in it. A congregate facility shall provide towels and wash cloths which shall be changed at least twice weekly and more often if soiled. Bed linen shall be changed at least weekly and more often if soiled.
ANALYSIS:	During the onsite investigation, I observed bed linens in Bedroom #5 that appeared to have blood stains.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.

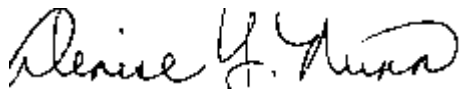


08/18/2021

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



08/19/2021

Denise Y. Nunn
Area Manager

Date